Case 1:05-cr-00150-OWW Document 25 Filed 08/30/05 Page 1 of 2

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL P05-0251 1. CIR/DIST/DIV. CODE 2. PERSON REPRESENTED VOUCHER NUMBER CAE Covarrubias, Cammie Kay 3, MAG, DKT/DEF, NUMBER 4. DIST. DKT/DEF. NUMBER 5. APPEALS DKT/DEF. NUMBER 6. OTHER DKT. NUMBER 1:05-000150-002 7. IN CASE/MATTER OF (Case Name) 10. REPRESENTATION TYPE (See Instructions) Criminal Case 8, PAYMENT CATEGORY 9. TYPE PERSON REPRESENTED Felony U.S. v. Miyahara Adult Defendant 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.

1) 18 1708.F -- THEFT OR RECEIPT OF STOLEN MAIL MATTER 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS 13. COURT ORDER □ X O Appointing Counsel
 □ F Subs For Federal Defender
 □ P Subs For Panel Attorney Mitts, Gregory H. R Subs For Retained Attorney Standby Counsel 1309 L Street Bakersfield CA 93301 Prior Attorney's Name: Appointment Date: he above-named person represented has testified under oath or has tissed this court that he or she (1) is financially unable to employ counsel and Becan (661) 323-0789 wish to waive counsel, and heralise the inter the name appears in Item 17 is appointed to (2) does r ts of justice so require, the Telephone Number: _ 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions nature of Presiding Judicial Office Date of Order

Repayment or partial repayment ordered from the time of appointment. person represented for this service at CLAIM FOR SERVICES AND EXPENSES FOR COURT USE ONLY MATH/TECH ADJUSTED HOURS TOTAL AMOUNT CLAIMED MATH/TECH ADJUSTED AMOUNT HOURS CLAIMED ADDITIONAL REVIEW CATEGORIES (Attach itemization of services with dates) 0.6 15. a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial n C e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets) (Rate per hour = \$9 () . () () TOTALS: a. Interviews and Conferences 16. b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time Court e. Investigative and Other work (Specify on additional sheets) (Rate per hour = 90.00) 17. Travel Expenses (lodging, parking, meals, mileage, etc.) 18. Other Expenses (other than expert, transcripts, etc.) GRAND TOTALS (CLAIMED AND ADJUSTED): 19. CERTIFICATION OF ATTODNEY/PAYEE FOR THE PERIOD OF SERVICE 20. APPOINTMENT TERMINATION DATE IF OTHER THAN GASE COMPLETION 21. CASE DISPOSITION 14/08 1/6/05 FROM TO I I mai Payment Supplemental Payment ☐ Interim Payment Number Have you previously applied to the court for compensation and/or remimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the court, have you, or toyour knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? YES NO If yes, give details an additional sheets. □ YES I swear or affirm the truth or correctness of the above statements. Date: APPROVED FOR PAYMENT - COURT USE ONLY 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES JUDGE / MAG. JUDGE CODE 30. OUT OF COURT COMP. 31. TRAVEL EXPENSES 32. OTHER EXCENSES 33. TOTAL AMT, APPROVED 34. SIGNATURE OF CHIEF JUDGE, COURTO APP EALS (OR DELEGATE) Payment approved in excess of the statusory threshold amount. DATE 34a. JUDGE CODE

Case Name Cannynia Conzabalbião
Case Number 1: 05 cr 050

Page ___ of ___

andor Plea Hearing Hearings Court	ite 1	Brief Description of Services	Arraignment	Bail/Detention	Motion	Trial	Sentencing	Revocations	Appeals	Other
Intervers/comperence			and/or Plea	Hearing	Hearing		Hearings	Hearings	Court	(specify)
Intervence		Int app.	. 5						_	
		Interment/amerine	.5							
			_							
	<i>3</i> , 0									
	110		_							
			_							
	, ou				-					
	5									
Page Total										
Page Total Page Total										
Page Total										
		Page Total								